

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION 10

1200 Sixth Avenue Seattle, Washington 98101

DIVE PLAN

From: Rob Pedersen, Divemaster

Date of Original Request: May 11, 2012

Dive Date: June 5, 6, 7, 2012

Approval

Thru:

Sean Sheldrake, UDO

To:

Mark Filippini, Unit Manager, OEA

Joyce Kelly, Director, OEA

Project: Quartermaster Harbor: WDNR Support for Maury Island Aquatic Reserve impact assessment.

Location: Quartermaster Harbor (Burton and Dockton area), Vashon/Maury Island.

*JUSTIFICATION FOR HAZARDOUS DUTY

This dive plan conforms to the elements in EPA Order 3100.3A and meets the requirements specified in 5 CFR 550, Subpart I, Appendix A, Underwater Duty and/or Exposure to Hazardous Agents as noted directly below. A hazard pay differential of 25% is warranted. A general "Request for Approval of a Hazard Pay Differential" form is on file with UDO, Deputy UDOs, & RHSO

APPLICABLE EXPECTED HAZARDOUS CONDITIONS (check all that apply)

(X) Underwater duty: Diving required in scientific and engineering pursuits, when:

- (X) at a depth of 20 feet or more below the surface; or
- $(\boldsymbol{X}$) visibility is restricted; or
- (X) in rapidly flowing or cold water; or
- () vertical access to the surface is restricted by ice, rock, or other structure (e.g. entanglements); or
- () testing or working with hardware which presents special hazards (e.g., high voltage equipment or underwater mockup components in an underwater space simulation study). **EXPLAIN**: _______

Exposure to Hazardous Agents, work with or in proximity to:

- () Toxic chemical materials. Toxic chemical materials when there is a possibility of leakage or spillage.
- () Virulent biologicals. Materials of micro-organic nature which when introduced into the body are likely to cause serious disease or fatality and for which protective devices do not afford complete protection.

Authorized to take GOV to residence overnight, immediately prior to and/or after dive operations; GOV is not for personal use. This will allow for earlier departure to the dive site and later return, as well as SCUBA tank fills which must be conducted during and after dive operations. Yes X - No

OBJECTIVES AND LOGISTICS

<u>Background:</u> The Washington State Department of Natural Resources, Aquatic Resources Division has requested EPA dive team support. As manager and trustee for state-owned aquatic lands WDNR has designated Quartermaster Harbor, King County as part of an aquatic reserve around Maury Island. They are currently developing a recreational mooring buoy plan for Quartermaster Harbor in response to an increase of unauthorized buoys in recent years.

The dive team will assist WDNR in documenting the sea floor in two areas – Dockton and Burton Cove. They are concerned about anecdotal reports of car batteries, sunken vessels, broken creosote pilings, and similar debris in the vicinity of existing, unauthorized mooring buoys. WDNR has also evaluated 30 years' worth of Department of Fish and Wildlife herring spawn surveys that illustrate a substantial decline in eelgrass and other aquatic vegetation.

Figure 1: Burton Cove (shows calculated buoy swings). The cluster of buoys off the lower marina and north of the reserve boundary line are the primary targets.

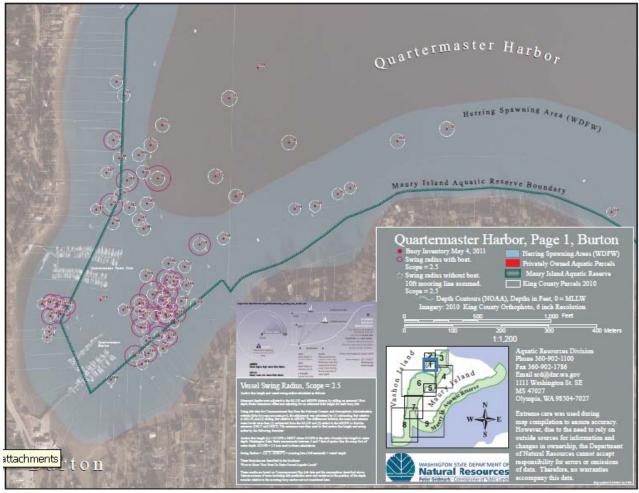
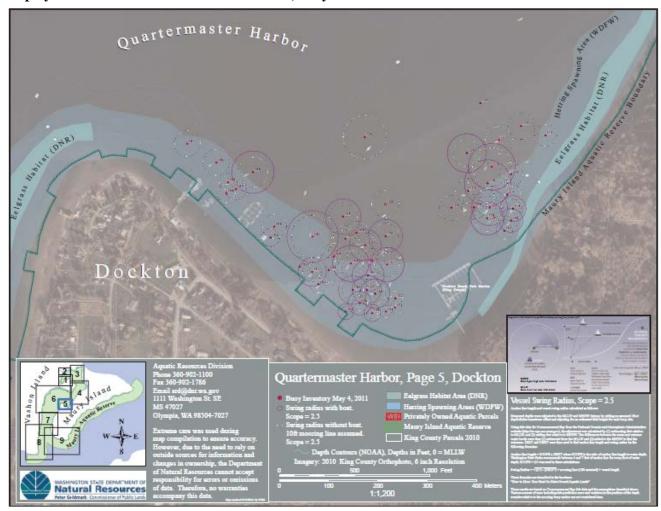
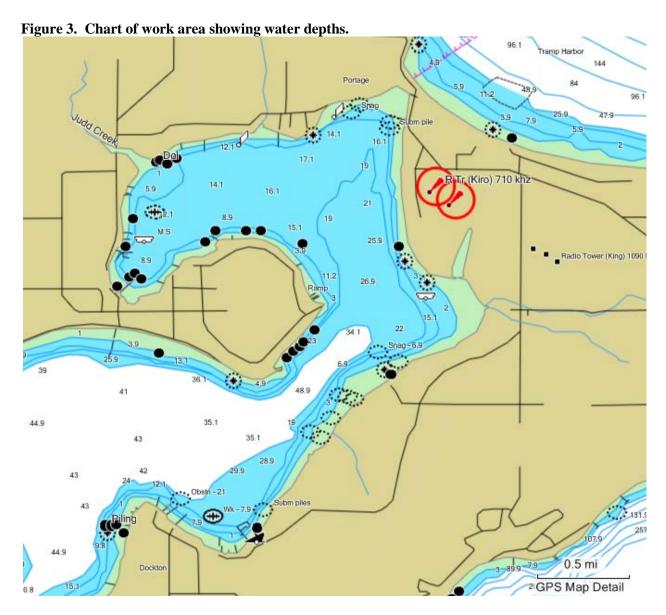


Figure 2. Dockton Area (shows calculated buoy swings). Secondary survey area for divers; ROV will be employed to document the two sunken vessels, buoy anchors and bottom condition.





INSERT TABLE OF TARGET LATS/LONGS

Alternatives to Diving: For each underwater survey or sampling operation considered by the Dive Unit, alternatives to diving are explored on a case-by-case basis. For this project in shallow protected waters, the ROV will be an adjunct to diving to enhance productivity and reduce overall diver exposure.

Diving is also required to adequately survey the general bottom conditions around the buoy anchors (substrate type, hazardous items on the bottom, eel grass and algae presence). The ROV camera has a limited field of view and divers can quickly survey a larger area of the bottom.

<u>Value to EPA:</u> The use of the <u>Region 10 Dive Unit</u> will avail scientific expertise to the dive operation in support of the Puget Sound Initiative and the Maury Island Aquatic Reserve.

<u>Scientific Objectives:</u> This dive operation will be conducted under the OSHA Scientific Diving Exemption, 1910 Subpart T Appendix B.

The overall purpose of this project is to perform a visual and photographic survey of buoy anchor types, any damage to WDNR benthic areas in the Aquatic Reserve, and existence of potentially hazardous materials.

Scientific Observations/Data Collection:

Dive Objectives and Protocols

Given the primary objectives of this project, the decision was made to not swim defined transects that require deploying marker buoys -- with divers swimming a compass heading.

Instead, divers will descent the mapped buoy lines to document:

- -the type of line/chain used to secure the buoy;
- -the type of anchor for the buoy;
- anchor or chain drag on the bottom impacting benthos;
- -invasive tunicate growth;
- the area around each buoy's anchor for hazardous debris;
- -bottom type;
- -algal/eel grass presence.

See Table 1 for geolocational data for the targets.

Buddy teams will use open-circuit SCUBA via a live boating operation to include as many of the targets as possible. The Wooldive will be working in a separate area with the ROV.

From WDNR for the Burton area (primary area):

"The buoy field east of the two marinas contains approximately 25 buoys who's anchors we want to evaluate for potential substrate impacts and associated scouring of any eelgrass in the vicinity. Last August we looked at one anchor using a drop camera and noticed some tunicates present. To the extent your dive team is able to photograph the anchor and line systems, we will be looking for the extent of this invasive species. We intend to identify which buoys must be removed because of their composition (batteries, other hazardous materials), potential navigational hazard, ongoing substrate scouring, or containment of invasive tunicates."

From WDNR for the Dockton area (secondary area):

"We want to photograph / document the anchors associated with approximately 40 buoys on both sides of the County Marina. The buoy area southwest of King County's Dockton Park and Marina includes the two sunken vessels of concern."

At a minimum for the Dockton area, the ROV will capture video of the two sunken vessels of interest and attempt to find and hazardous materials on the wrecks.

Dive flags will be flown, and the *Monitor's* Automatic Identification System (AIS) will be activated during dive operations

Pollution Sources: This is considered a non-polluted water dive. However, there is always the chance of biological hazards from runoff and moored boats (bacterial). The divers will not contact hazardous materials (e.g., car/boat batteries, unknown containers on the bottom), just document the location for WDNR.

Dive Dress: Open circuit SCUBA and Viking suits; wet gloves are permitted.

Decontamination Required: Potable water rinse to remove seawater and potential bacteria.

Air Testing: Last Underwater Sports air test performed on 02/22/12 and verified against CGA Grade E standards.

Potential Hazards and Mitigation:

- 1. **Boat traffic.** Boat traffic will be the principle physical hazard during this dive operation. These risks will be managed by use of dive flags, boat positioning, and constant monitoring of VHF marine traffic channels (13, 14 & 16). The Monitor's automatic identification system (AIS) will also be used to relay the Monitor's real time position to other vessels AIS enabled.
- **2. Potential entanglement.** From buoy tethers, discarded/lost buoy lines, lost fishing line. These risks will be managed by avoiding contact with lines, carrying two cutting tools on each diver, dive buddy assistance, and tethered standby diver/rescue tank for emergencies.

Maximum Expected Water Depth: 35 feet

Maximum Expected Water Current: +/- 0.5 Knots **Maximum Expected Horizontal Visibility:** 12 feet

Diving Platform: EPA research vessel *Monitor*.

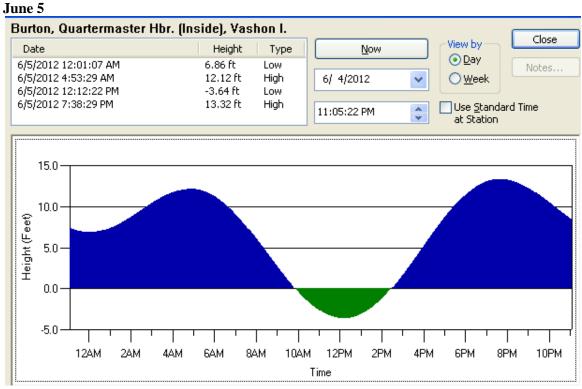
Tide and Current Information:

[Note: this is the closest location for current data; we do not expect current to be an issue in the protected survey areas.]

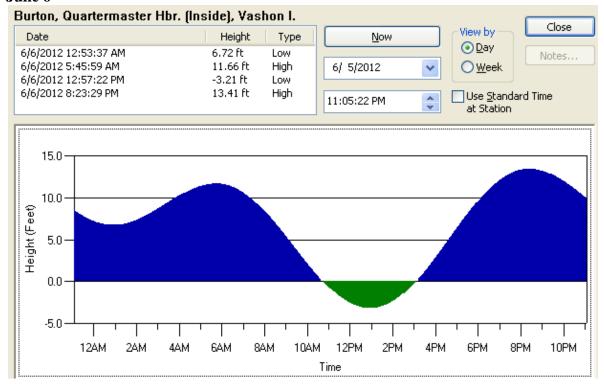
Table 1. NOAA Tidal Current Predictions

В	lake Isl	and, s	outhwe	st of										
Predi	cted Ti	dal Cu	rrent	Ju	ine, 20	012								
Flood	d Directi	ion, 13	1 True	. El	ا(-)ا	Directio	n, 326	True.						
NOA	A, Natio	nal Oc	ean Se	ervice										
	Slack Water			Slack Water			Slack Water			Slack Water			Slack Water	
Day	Time h.m.			Time h.m.						Time h.m.			Time h.m.	 Veloc knots
1	0047	0542	-0.7	0702	1023	+0.5	1511	1842	-0.4	1916	2155	+0.2		
2	0133	0631	-0.8	0747	1115	+0.6	1612	1942	-0.4	2020	2249	+0.2		
3	0220	0720	-0.8	0832	1205	+0.7	1706	2037	-0.4	2119	2343	+0.2		
4	0309	0809	-0.9	0919	1254	+0.7	1757	2129	-0.5	2218				
5		0036	+0.2	0359	0858	-0.8	1006	1342	+0.7	1845	2221	-0.5	2316	
6		0130	+0.2	0450	0948	-0.8	1053	1430	+0.7	1931	2312	-0.5		
7	0015	0226	+0.2	0543	1038	-0.7	1141	1517	+0.6	2015				
8		0003	-0.5	0117	0324	+0.2	0640	1131	-0.6	1231	1605	+0.6	2057	
9		0055	-0.5	0221	0427	+0.1	0744	1226	-0.5	1321	1653	+0.5	2137	
10		0148	-0.5	0324	0534	+0.1	0858	1327	-0.4	1415	1743	+0.4	2215	

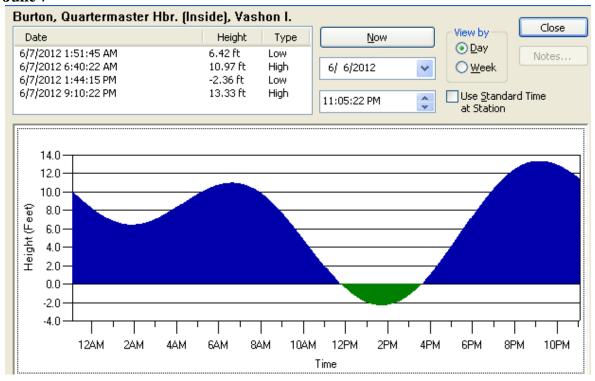
Tidal Elevation Predictions for Burton.



June 6



June 7



PERSONNEL

Divemaster: Rob Pedersen (RP)

Divers:

Tuesday 6/5 Rob Pedersen (RP), Lisa Macchio (LM), Tim Siwiec (TS), Rob Rau (RR)

Wednesday 6/6 Rob Pedersen (RP), Chad Schulze (CS), Brent Richmond (BR), Sean Sheldrake (SS)

Thursday 6/7 Rob Pedersen (RP),

Backups: 6/5 6/6 6/7 (SS)

	Diver 1	Diver 2	Diver 3	Diver 4	Diver 5
Insert applicable	RR	SS	RP	CS	AB
dates for each					
diver					
Last Dive within 3	4/3/2012	4/3/2012	4/4/2012	4/4/2012	2/29/2012
months					
Medical	2/9/2012	2/16/2012	2/9/2012	3/1/2012	2/9/2012
Monitoring within					
12 months					
8 hr. hazwoper	12/6/2011	12/6/2011	12/6/2011	12/6/2011	12/6/2011
within 12 months					
First Aid within 2	10/27/2010	10/27/2010	10/27/2010	10/27/2010	10/27/2010
years					
CPR/AED within	12/13/2011	12/13/2011	12/13/2011	12/13/2011	12/13/2011
2 years					

Dive	er 1	Diver 2
BR		LM
Last Dive within 3	4/3/2012	4/3/2012
months		
Medical	3/1/2011	2/16/2012
Monitoring within		
12 months		
8 hr. hazwoper	12/6/2011	12/6/2011
within 12 months		
First Aid within 2	10/27/201	0 10/27/2010
years		

Cox'n: Doc Thompson Backup: Brent Richmond

CONTACT INFORMATION

Contact Information: OEA dive cell phone: 206-369-7500

Dive Operator Cell Phone:

Doc Thompson – Brent Richmond –

Other Cell Phone Contacts:

Sean Sheldrake -

Rob Rau -

Mark Filippini –

SCHEDULE

Dive Briefing and Load Van - Tuesday, April 3 @ 4:00 PM

(Immediately upon return from NOAA Dive Center)

Schedule (April 4, 2012):

Depart EPA office - 8:00 AM Meet *Monitor* at Don Armeni Boat Ramp - 8:20 AM

Dive - 9:30 AM – 2:30 PM

Return to Don Armeni (unload) - 3:00 PM Monitor return to Manchester - 3:30 PM

PRE/POST DIVE TASKS

Boat Prep (DT & BR):

- 1. Fill boat freshwater tank, fill cooler for sample gear soaking
- 2. Bow-Stern hand lines and tag line
- 3. Dive flags and pole
- 4. Ladder
- 5. Drinking water on boat (divers will bring refillable bottles as primary, disposable water bottles as backup)
- 6. All tanks due for VIP (4)
- 7. Terminal 18 coordinates loaded on *Monitor* GPS (see Figure 1)

Prep. Field equip:

Prep. Dive equip (*day(s) before loading*):

- 1. Garmin 276 charged/point loaded (see Figure 1)/**RR**
- 2. Diver handheld lights /**RR**
- 3. Prep. Surface camera (charge all batteries, clear card)/**RR**
- 4. Standby dive rig prep: Kirby bailout block/AGA reg/AGAs connected (match #'s and/or replace labels)/test, leave AGAs on for transit/ 300 ft tether / **RP**
- 5. Verify recall is charged. /SS
- 6. Kirby bailout blocks/AGA regs/AGAs connected (match #'s and/or replace labels)/test, leave AGAs on for transit; verify 50 cf pony's are full **CS/RR**
- 7. Surface supply battery charged, components accounted for, system tested **SS/RR**
- 8. Prep/charge drop camera **RP/RR**

Post dive

Fill tanks - RR

Equipment Required - See Attachment 1.

SAFETY AND SECURITY NOTIFICATIONS

USCG Notifications (33 USC 1221):

CG Notice Prior to start of dive operations Needed? X Yes No

Done? Diver Initials: RR Date 4/4/12 (call before & after dive ops)

Advanced notification of USCG for dives near sensitive areas (e.g., port facilities, bridges) or in high traffic lanes/areas. Call 24hr. Vessel Traffic 206-217-6051 and email sectorseattlewwm@uscg.mil

Advanced notification to USCG 206.217.6002 and email: hlswatch@pacnorwest.uscg.mil

(For emergency operations with little notice-- you should call the number above for one week ahead only for

normal operations. USE THIS NUMBER FOR LESS THAN 24 HOURS NOTICE)

CG Notice to Mariners Needed? X Yes No Diver Initials RR Date 3/22/12
206-220-7280 ALL IN CHANNEL OR NEAR CHANNEL DIVES SHALL REQUEST A NTM (SEE NAV CHART)
CG Notice During Dive Operations Needed? X Yes No Dive Operation start and end: Call 206.217.6051 and notify USCG of start and end of dive operations. Example script, "This is the EPA Vessel Monitor, MMSID 338069238; we are commencing dive operations new XXXXXXX. Please verify you can see our vessel on your AIS screen." ALL IN CHANNEL OR NEAR CHANNEL DIVES SHALL NOTIFY USCG AT THE START AND END OF OPS.
VHF shall monitor 13, 14, 16 for in or near channel dives. AIS will be on with antenna installed for all Monitor dives. For operating out of a small boat, checkout a handheld VHF from MEL (Brent Richmond) as appropriate.
Washington State Ferries Needed? Yes X No Diver Initials Date Call Washington State Ferry Operations Center 206-515-3456 for dives in/near ferry lanes
EMERGENCY INFO./DIVE ACCIDENT MANAGEMENT PLAN
Emergency Call in Script (from NOAA 2009 DMT)
"I am an EPA [Divemaster, Dive Medic] and I am calling to report diving related emergency requiring immediate medical assistance. The victim is a (age) year old (gender) who is (conscious/unconscious), with the following symptom after diving with compressed gas(describe pain, dizziness, etc.)
"We have placed the victim in a supine position and have initiated basic first aid. We have also completed a field neurological exam. With the following results(note any deficits). The victim is on 100% oxygen by mask, and we have rendered the following additional treatment (CPR, fluids, medications, etc.)
Last vital signs are as follows"
Temp: Pulse: Resp: B/P:/

"We are at the following location.... (location of diver/landmarks) and request immediate medical transport to (receiving facility of choice) via (air/ground) transport."

Note: Do not terminate call...the receiving unit will end the call.

Source of EMERGENCY TRANSPORTATION:

U.S.C.G. for dive accidents. 911 for all accidents VIA CELL PHONE (Primary) OR VHF (backup)

Egress Point and Method of Egress:

Don Armeni Boat Ramp, 1222 Harbor Ave SW (West Seattle)



Emergency Egress: Bell Harbor Marina, 2203 Alaskan Way, Seattle, WA 98121



<u>Nearest MEDICAL Facility:</u> Virginia Mason Hospital - 206-583-6433 (Chamber phone is 206-583-6543) Address: admission is through the Emergency Room on Spring Street at the corner of Terry and Spring streets

<u>Nearest Hyperbaric Chamber:</u> Virginia Mason Hospital - 206-583-6433 (Chamber phone is 206-583-6543) Address: admission is through the Emergency Room on Spring Street at the corner of Terry and Spring streets

Primary: Virginia-Mason Medical Center 1202 Terry Ave, Seattle, WA

Hyperbarics Department: (206) 583-6543 24-hour emergency line: (206) 583-6433 (admission is through the Emergency Room on Spring Street)

Secondary: Diver's Institute of Technology

4315 11th Ave. NW, Seattle, WA Chamber phone: (206) 783-5542

Driving Directions From Bell Harbor Marina to Virginia Mason Hospital:

Get describes: Mystaces

Or take Public Transi
(Drs. crow barroles)

Driving directions to 1202 Terry
Ave, Seattle, WA 98101

2 ZSD Alaskan Way
Seattle, WA 98125

1. Head southeast on Alaskan Way toward
Lenners Street Walk

2. Turn left crets Spring St

3. Turn left crets Spring St

4. Take the 1st left crets Terry Ave
Describes on the night

Driving directions will be on the night

1282 Terry Are
South, WA 98101

Notes:

- (1) Emergency helicopter transport in Puget Sound is available through the U.S. Coast Guard (Channel 16 or telephone 220-7001 *or* **CG* in Seattle).
 - (2) Diver's Alert Network: For diving emergencies use 1-919-684-9111, for non-emergency diving questions during normal working hours use 1-919-684-2948.

FOLLOWING INCIDENT; DIVEMASTER TO NOTIFY:

- 1. Unit Diving Officer, Sean Sheldrake, 206.619.3046 cell
- 2. Regional SHEMP manager, Grady Maxwell, 206.399.9394 cell,
- 3. Diving Safety Board Chairman, Kennard Potts, 202.302.3529 cell,
- 4. Diver supervisor (see blue field emergency form).

Dive unit management sponsor, Mark Filippini, ESU, 206.409.3655 cell.

Backup Line pull signals (if using tether), Navy Diving Manual, Rev. 5, 2005

Table 8-3. Line-Pull Signals.

	From Tender to Diver	Se	earching Signals (Without Circling Line)
1 Pull	"Are you all right?" When diver is descending, one pull means "Stop."	7 Pulls	*Go on (or off) searching signals."
2 Pulls	"Going Down." During ascent, two pulls mean "You have come up too far; go back down until we stop you."	1 Pull	"Stop and search where you are."
3 Pulls	"Stand by to come up."	2 Pulls	"Move directly away from the tender if given slack; move toward the tender if strain is taken on the life line."
4 Pulls	"Come up."	3 Pulls	"Face your umbilical, take a strain, move right."
2-1 Pulls	"I understand" or "Talk to me."	4 Pulls	"Face your umbilical, take a strain, move left."
3-2 Pulls	"Ventilate."		
4-3 Pulls	"Circulate."		
	From Diver to Tender	:	Searching Signals (With Circling Line)
1 Pull	"I am all right." When descending, one pull means "Stop" or "I am on the bottom."	7 Pulls	"Go on (or off) searching signals."
2 Pulls	"Lower" or "Give me slack."	1 Pull	"Stop and search where you are."
3 Pulls	"Take up my slack."	2 Pulls	"Move away from the weight."
4 Pulls	"Haul me up."	3 Pulls	"Face the weight and go right."
2-1 Pulls	"I understand" or "Talk to me."	4 Pulls	"Face the weight and go left."
3-2 Pulls	"More air."		
4-3 Pulls	"Less air."		
	Special Signals From the Diver		Emergency Signals From the Diver
1-2-3 Pulls	"Send me a square mark."	2-2-2 Pulls	"I am fouled and need the assistance of another diver."
5 Pulls	"Send me a line."	3-3-3 Pulls	"I am fouled but can clear myself."
2-1-2 Pulls	"Send me a slate."	4-4-4 Pulls	"Haul me up immediately."
	ALL EMERGENCY SIGNALS SHALL I	BE ANSWERE	ED AS GIVEN EXCEPT 4-4-4

NOTE: A high pitch squealing sound on the surface unit indicates the ema2 plug has been unplugged from the AGA mask. Instruct the diver to reconnect these via the DIVER RECALL.

Medical Treatment for a **CONSCIOUS** Diver (Source: NOAA DMT Course 2007)

- ABC's
- Administer 100% Oxygen
- Cut exposure suit open/remove if wet to keep patient dry/warm
- Place in position of comfort
- Give one (1) aspirin (325 mg) orally*
- Take vitals every 5 min if unstable; 15 min if stable*
 - -Pulse/per min
 - -Blood Pressure
 - -Respirations/per min
- Gather dive history info. from buddy*
- Perform neurological exam *
- Contact EMS
- Administer 0.5 liters of water orally per hour x 2 hours then reduce to 100-200 ml per hr thereafter

Medical Treatment for an UNCONSCIOUS Diver

- ABC's / Contact EMS
- Administer 100% Oxygen
- Cut exposure suit open/remove if wet to keep patient dry/warm
- Lateral recumbent position (on side)
- Take vital signs every 5 min if unstable and every 15 min if stable*
 - -Pulse/per min
 - -Blood Pressure
 - -Respirations/per min
- Gather dive history info. from dive buddy and/or eye witnesses*
- Perform neurological exam*

^{*}Note deficiencies on blue card.

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TO BE FILLED OUT FOR PATIENT ASSESSMENT

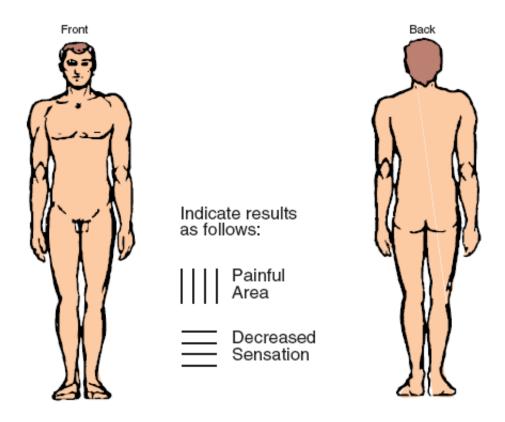
Neurological Examination* (Source: NOAA DMT Course 2009) Page 1 of 2

*Note deficiencies on blue card. One person administers, one person checks off items on the list.

-Alert to person, place, time -Add a nickel, dime, quarter -Count back from 100 by 7's -Latissimus -Biceps -Triceps -Triceps VITAL SIGNS -Forearms -Pulse/min -Blood Pressure -Respiration/min -Hips -Temperature -Flexion -Walk -Adduction -Walk -Adduction -Heel-to-Toe -Romberg -Finger-to-Nose -Finger-to-Nose -Heel-Shin Slide -Ankles -Rapid Movement -Rapid Movement -Flexion -Frexion -Frexio
-Add a nickel, dime, quarter -Count back from 100 by 7's -Latissimus -Biceps -Triceps VITAL SIGNS -Forearms -Pulse/min -Blood Pressure -Respiration/min -Hips -Temperature -Flexion -Temperature -Flexion -Walk -Adduction -Heel-to-Toe -Romberg -Romberg -Finger-to-Nose -Heel-Shin Slide -Rapid Movement -Rapid Movement -Flexion -Flexion -Tiextension CRANIAL NERVES -Vision/Visual Fields -Facial sensation/chewing -Facial expression muscles -Ankles -Hearing -Ankles -Knees -Hearing -Ankles -Facial sensation/chewing -Fracial sensation (ah) -Toes (Babinski)
-Biceps -Triceps VITAL SIGNS -Forearms -Pulse/min -Blood Pressure -Respiration/min -Hips -Temperature -Flexion COORDINATION -Walk -Heel-to-Toe -Romberg -Finger-to-Nose -Heel-Shin Slide -Rapid Movement -Rapid Movement -Vision/Visual Fields -Eye movements/pupils (PERRLA) -Facial sensation/chewing -Facial expression muscles -Heeling -Pore mouth/throat sensation (ah) -Fore (Babinski)
VITAL SIGNS -Forearms -Pulse/min -Blood Pressure -Respiration/min -Hips -Temperature -Flexion -Extension COORDINATION -Walk -Heel-to-Toe -Romberg -Finger-to-Nose -Heel-Shin Slide -Rapid Movement -Rapid Movement -Rapid Movement -Flexion -Extension CRANIAL NERVES -Vision/Visual Fields -Eye movements/pupils (PERRLA) -Facial sensation/chewing -Facial expression muscles -Healing -Ankles -Hearing -Ankles -Hearing -Ankles -Hearing -Ankles -Toes (Babinski)
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-Pulse/min -Hands -Blood Pressure -Lower Body -Respiration/min -Hips -Temperature Flexion COORDINATION Abduction -Walk Adduction -Heel-to-Toe -Knees -Romberg Flexion -Finger-to-Nose Extension -Heel-Shin Slide -Ankles -Rapid Movement Flexion -Extension CRANIAL NERVES -Vision/Visual Fields REFLEXES -Eye movements/pupils (PERRLA) -Biceps -Facial sensation/chewing -Triceps -Facial expression muscles -Hearing -Ankles -Upper mouth/throat sensation (ah) -Toes (Babinski)
-Blood Pressure -Respiration/min -Hips -Temperature -Respiration -Temperature -Respiration -Flexion -Extension -Extension -Extension -Walk -Adduction -Walk -Adduction -Heel-to-Toe -Knees -Romberg -Finger-to-Nose -Extension -Heel-Shin Slide -Ankles -Rapid Movement -Rapid Movement -Flexion -Extension -Extension -Extension
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Extension COORDINATION Abduction -Walk Adduction -Heel-to-Toe -Romberg Flexion -Finger-to-Nose Extension -Heel-Shin Slide -Rapid Movement Flexion Extension CRANIAL NERVES -Vision/Visual Fields -Eye movements/pupils (PERRLA) -Facial sensation/chewing -Facial expression muscles -Hearing -Ankles -Upper mouth/throat sensation (ah) -Toes (Babinski)
COORDINATION -Walk -Heel-to-Toe -Romberg -Finger-to-Nose -Finger-to-Nose -Heel-Shin Slide -Rapid Movement -Rapid Movement -Vision/Visual Fields -Eye movements/pupils (PERRLA) -Facial sensation/chewing -Facial expression muscles -Hearing -Ankles -Ankles -Ankles -Inceps -Knees -Hearing -Ankles -Toes (Babinski)
-Walk Adduction -Heel-to-Toe -Knees -Romberg Flexion -Finger-to-Nose Extension -Heel-Shin Slide -Ankles -Rapid Movement Flexion CRANIAL NERVES -Vision/Visual Fields REFLEXES -Eye movements/pupils (PERRLA) -Biceps -Facial sensation/chewing -Triceps -Facial expression muscles -Knees -Hearing -Ankles -Upper mouth/throat sensation (ah) -Toes (Babinski)
-Heel-to-Toe -Knees -Romberg Flexion -Finger-to-Nose Extension -Heel-Shin Slide -Ankles -Rapid Movement Flexion CRANIAL NERVES -Vision/Visual Fields REFLEXES -Eye movements/pupils (PERRLA) -Biceps -Facial sensation/chewing -Triceps -Facial expression muscles -Knees -Hearing -Ankles -Upper mouth/throat sensation (ah) -Toes (Babinski)
-Romberg Flexion -Finger-to-Nose Extension -Heel-Shin Slide -Ankles -Rapid Movement Flexion Extension CRANIAL NERVES -Vision/Visual Fields REFLEXES -Eye movements/pupils (PERRLA) -Biceps -Facial sensation/chewing -Triceps -Facial expression muscles -Knees -Hearing -Ankles -Upper mouth/throat sensation (ah) -Toes (Babinski)
-Finger-to-Nose Extension -Heel-Shin Slide -Ankles -Rapid Movement Flexion Extension CRANIAL NERVES -Vision/Visual Fields REFLEXES -Eye movements/pupils (PERRLA) -Biceps -Facial sensation/chewing -Triceps -Facial expression muscles -Knees -Hearing -Ankles -Upper mouth/throat sensation (ah) -Toes (Babinski)
-Heel-Shin Slide -Rapid Movement Flexion Extension CRANIAL NERVES -Vision/Visual Fields -Eye movements/pupils (PERRLA) -Facial sensation/chewing -Facial expression muscles -Hearing -Ankles -Upper mouth/throat sensation (ah) -Ankles -Toes (Babinski)
-Rapid Movement Flexion Extension CRANIAL NERVES -Vision/Visual Fields REFLEXES -Eye movements/pupils (PERRLA) -Biceps -Facial sensation/chewing -Triceps -Facial expression muscles -Knees -Hearing -Ankles -Upper mouth/throat sensation (ah) -Toes (Babinski)
Extension CRANIAL NERVES -Vision/Visual Fields -Eye movements/pupils (PERRLA) -Facial sensation/chewing -Facial expression muscles -Hearing -Ankles -Upper mouth/throat sensation (ah) Extension REFLEXES -Biceps -Triceps -Triceps -Knees -Ankles
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-Vision/Visual Fields -Eye movements/pupils (PERRLA) -Biceps -Facial sensation/chewing -Triceps -Facial expression muscles -Hearing -Ankles -Upper mouth/throat sensation (ah) -Toes (Babinski)
-Eye movements/pupils (PERRLA) -Facial sensation/chewing -Facial expression muscles -Facial expression muscles -Hearing -Ankles -Upper mouth/throat sensation (ah) -Toes (Babinski)
-Facial sensation/chewing -Triceps -Facial expression muscles -Knees -Hearing -Ankles -Upper mouth/throat sensation (ah) -Toes (Babinski)
-Facial expression muscles -Knees -Hearing -Ankles -Upper mouth/throat sensation (ah) -Toes (Babinski)
-Hearing -Ankles -Upper mouth/throat sensation (ah) -Toes (Babinski)
-Upper mouth/throat sensation (ah) -Toes (Babinski)
-Gag and voice
-Shoulder shrug
-Tongue
SKIN SENSATION
Exam performed by:
Date:
Time:

Neurological Exam. page 2/2

Location



Comments:			

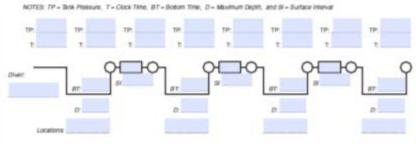
History:

S - (Signs and symptoms of current episode)

- O Onset (when problem began and what caused it)
- P Provocation or pulltation (what makes it feel better or worse)
- Q Quality (what is the pain like, i.e. crushing, dull, sharp, other)
- R Region/radiation (where is the pain, does it move anywhere)
- S Sevettly (talled on a scale of 1 to 10)
- T Timing of pain (constant, intermittent, duration)
- A Allergies (Rx. foods, insect stings, other substances and what reaction occurred)
- M Medications (Rx, Ole, herbs, vitamins)
- P Pertinent past history (recent litnesses, injuries, surgeries)
- L Last oral Intake (Including food, liquids, alcohol, drugs)
- E Events leading to the injury or illness

Dive Profile:





wetting gas-	ce		Location			
			Flourance Linear			
	to all an					
nusual events prior	TO GIVE					
repetitive divers	Est all in last 24 hours (Date	list most recent first): Number of dive	Depth	Bottom time	Surface interval	Draughing age
	Line	Number of dive	Depar	Dollow whe	Sunace mervar	Breathing gas
				1		
	-					
	1					
				i i		
eview o	of Systems:	(Circle and describe,	add other symptoms if	present, include negat	ives)	
General-Rec	one weight change, fo	overchillis, bulgue, building o	of III health:			
HEENT . Ho	atarhos visual/hoart	nd changes strong in ears	. bleeding, sore throat, hoar	sanace-		
The state of the s	ALLEGA PARTIES	S are der leibele is eas	. Disease and lister than			
Cardiac - Chr	est pain, palpitations,	shortness of breath, orthog	onea, edema, history of stro	ke, hyperansion, daudicat	on (angina of the extremit	es), phiebitisi:
Pulmonary-	Cough, spulum, hem	OUTVSS:				
Gastrointes#	nal- Difficulty earing, a	abdominal path, nausea voi	miting, ulcers, vomiting bloo	d, laundice, diarmes, liver	Jiseese:	
Gentourihary	- Dysuria, nocturia, fi	requency, hematuria, urgen	ncv. discharge, incontinence			
Gentournary	- Dysuria, nocturia, ti	requency, hemaruria, urgen	nov. discharge, incommence			
	- Dysuria, nocturia, ti arge, mensatual histor		nov. discharge, Incontinence			
GYN - DISCRI	arge, menstrual histor	y, pregnant?				
GYN - DISCRI	arge, menstrual histor					
p. GYN - Dischu n. Endocrine - F	arge, mensmual histor Polyuria, appente, exc	y, pregnant?				
p. GYN - Dischu n. Endocrine - F Musiculoskolor	arge, menstual rissor Polyuna, appente, euc nat-Joint pain, stiffnes	y, pregnant? less thirst, heat or cold into				
a. GYN - Dischi n. Endocrine - F Musiculoskala Neurological	arge, mensmual rissor Polyuna, appente, euc sal-, icirz pein, stiffnes Dizziness, loss of cor	y, pregnant? ess thirst, heat or cold into is swolling, weakness sictiousness syncope, num	lerance.			
a. GYN - Dischi n. Endocrine - F Musiculoskala Neurological	arge, menstual rissor Polyuna, appente, euc nat-Joint pain, stiffnes	y, pregnant? ess thirst, heat or cold into is swolling, weakness sictiousness syncope, num	lerance.			
g GYN-Dischi n Endochne - F Musozinskola Neurological s Skin - Eching	arge, mensmual histori Polyuna, appente, exc tal-, loint pain, stiffnes Dizziness, loss of cor rashes, lumps, bruisi	y, pregnant? ess thirst, heat or cold into is swolling, weakness sictiousness syncope, num	lerance.			
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Endocrine - F Musocinskala Neurological Skin - Eching	arge, mensmual ristor Polyurta, abbeilte, euc tal-, koint pain, stiffnes Dizziness, loss of cor rashes, lumps, bruisi diditional information	ess thirst heat or cold thic iss swelling, weakness raciousness, syncope, nut ing	ilerance. nbriess, selzure, paresthesia	s:		